PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

appropriate. All further	correspondence includired below or directed other	ig the	Patent, advance or	rders and notification of	maintenance fees v	will he m	railed to the current	hould be completed where correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
25226	7590 10/06	/2009		••••			•	mission
MORRISON & FOERSTER LLP					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
755 PAGE MILL RD PALO ALTO, CA 94304-1018					ressed to the Mai	l Stop I	SSUE FEE address	above, or being facsimile
PALO ALTO, C	A 94304-1018			trar	ismitted to the USF	TO (571) 273-2885, on the d	ate indicated below.
							<u> </u>	(Depositor's name)
								(Signature)
				L				(Date)
APPLICATION NO.	APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR	t	ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/574,903 02/28/2007				Tracey Jean Brown	Jean Brown 229752006000			7122
TITLE OF INVENTION	: AN ANTIBODY THA	T SPE	CIFICALLY BINE	S HYALURONAN SYN	THASE			
								;
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO		\$1510	\$300	\$0		\$1810	01/06/2010
EXAMINER		ART UNIT		CLASS-SUBCLASS]			
WEN, SHARON X			1644	530-388260	J			
1. Change of corresponde	ence address or indication	of "F	ee Address" (37	2. For printing on the	patent front page, li	st	Morriga	on C Foorgton III
CFR 1.363). Change of correspondence address (or Change of Correspondence				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
Address form PTO/SB/122) attached.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.								
3. ASSIGNEE NAME A	ND RESIDENCE DATA	то в	E PRINTED ON T	THE PATENT (print or ty	pe)			
PLEASE NOTE: Unle	ess an assignee is ident	ified be	elow, no assignee	data will appear on the p	atent. If an assign	nee is ide	ntified below, the d	ocument has been filed for
(A) NAME OF ASSIC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 10 10 . 10	(B) RESIDENCE: (CIT	_			
Alchemia Oncology Pty Limited Eight Mile Plains, Australia								
n)			. 🗖 .
Please check the appropri	ate assignee category or	catego	nes (will not be pr	inted on the patent):	Individual 🖴 C	orporatio	n or other private gro	oup entity Government
4a. The following fee(s) a	are submitted:		41	p. Payment of Fee(s): (Ple	ase first reapply a	ny previ	ously paid issue fee	shown above)
☑ Issue Fee ☐ A check is enclosed.								
☑ Publication Fee (No small entity discount permitted) ☐ Payment by credi ☐ Advance Order - # of Copies ☐ ☐ The Director is he								ficiana, or avadit any
Advance Order - #	of Copies			The Director is hereby overpayment, to Deport	osit Account Numb	er <u>03 –</u>	1952 (enclose a	n-extra copy of this form)
5. Change in Entity Stat	•		-					
	s SMALL ENTITY state			b. Applicant is no lor				-
NOTE: The Issue Fee and interest as shown by the r	ecords of the United Sta	ured) v	vill not be accepted ent and Trademark	Office.	the applicant; a reg	istered at	torney or agent; or th	ne assignee or other party in
Authorized Signature	$ \mathbb{Z}_{\Lambda}$				DateD	eceml	ber 15, 20	009
Typed or printed name	Kimberly	A.	Bolin		Registration 1	No	44,546	ng thi ghai shi shi mata nga khi ghun nga khi ghun khi shi shi ya ya khi ma shi ya ya khi shi shi shi shi shi shi shi shi shi s
This collection of information an application. Confident submitting the completed this form and/or suggestings 1450, Alexandria, V	ation is required by 37 C itality is governed by 35 I application form to the ons for reducing this bui irginia 22313-1450. DC	FR 1.3 U.S.C. USPT den, sl	11. The information 122 and 37 CFR O. Time will vary sould be sent to the SEND FEES OR O	on is required to obtain or 1.14. This collection is est depending upon the indi- e Chief Information Offic COMPLETED FORMS T	retain a benefit by timated to take 12 vidual case. Any co er, U.S. Patent and O THIS ADDRES:	the public minutes to mments Tradema S. SEND	which is to file (and to complete, including on the amount of the ork Office, U.S. Depart TO: Commissioner	by the USPTO to process) agg gathering, preparing, and ame you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.